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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name Norton R. Townsley, Registration No. 33608

Address 100 Corporate Pointe

Address Suite 330

| | | |
|------------------|----------|-----------|
| City Culver City | State CA | ZIP 90230 |
|------------------|----------|-----------|

| | | |
|-------------|--------------------------|--------------------|
| Country USA | Telephone 1-310-645-7259 | Fax 1-310-215-3248 |
|-------------|--------------------------|--------------------|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | |
|---|---------------------------------|
| Given Name Davor (first and middle [if any]) | Family Name Runje or Surname |
|---|---------------------------------|

| | |
|---|------------------------|
| Inventor's Signature <i>Davor Runje</i> | Date DECEMBER 01, 2000 |
|---|------------------------|

| | | | |
|------------------------|-------|-----------------|---------------------|
| Residence: City Zagreb | State | Country Croatia | Citizenship Croatia |
|------------------------|-------|-----------------|---------------------|

Mailing Address V. Nazora 16

Mailing Address

| | | | |
|-------------|-------|-----------|-----------------|
| City Zagreb | State | ZIP 10000 | Country Croatia |
|-------------|-------|-----------|-----------------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|---|---------------------------|
| Given Name (first and middle [if any]) | Family Name or Surname |
|---|---------------------------|

| | |
|----------------------|------|
| Inventor's Signature | Date |
|----------------------|------|

| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

Mailing Address

Mailing Address

| | | | |
|------|-------|-----|---------|
| City | State | ZIP | Country |
|------|-------|-----|---------|

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box

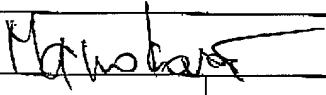


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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 3

| | | | | |
|---|---|---|-------------|-------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Mario | | Kovac | | |
| Inventor's Signature |  | | | Date |
| Residence: City | State | Country | Croatia | |
| Zagreb | | Croatia | Croatia | |
| Mailing Address Mandalicina 3 | | | | |
| Mailing Address | | | | |
| City | Zagreb | State | ZIP | Country |
| Croatia | | | 10000 | Croatia |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| | | | | |
| Inventor's Signature | | | | Date |
| Residence: City | State | Country | Citizenship | |
| Mailing Address | | | | |
| Mailing Address | | | | |
| City | State | ZIP | Country | |
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| | | | | |
| Inventor's Signature | | | | Date |
| Residence: City | State | Country | Citizenship | |
| Mailing Address | | | | |
| Mailing Address | | | | |
| City | State | ZIP | Country | |

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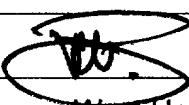
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])**Family Name or Surname****Brian D.****Litman****Inventor's
Signature****Date***11-30-00***Residence: City****West Hollywood****State****CA****Country****USA****Citizenship****US****Mailing Address****950 N. Kings Road
Ste. 250****Mailing Address****West Hollywood****State****CA****ZIP****90069****Country****USA****Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])**Family Name or Surname****Inventor's
Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])**Family Name or Surname****Inventor's
Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country**

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | | |
|-------------------------------|--|-------|
| Attorney Docket Number | | PM3 |
| First Named Inventor | | Runje |
| COMPLETE IF KNOWN | | |
| Application Number | | / |
| Filing Date | | |
| Group Art Unit | | |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR SECURE ELECTRONIC DIGITAL RIGHTS MANAGEMENT, SECURE TRANSACTION MANAGEMENT AND CONTENT DISTRIBUTION

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/186,983 | 12/03/1999 | <input type="checkbox"/> |

[Page 1 of 2]

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 5

| | | | |
|---|-------------------|---|------------------|
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Josko | | Orsulic | |
| Inventor's Signature | <i>12/01/2000</i> | | |
| Residence: City | Zagreb | State | Country |
| Croatia | | | |
| Mailing Address | Strojarska 8 | | |
| Mailing Address | | | |
| City | Zagreb | State | ZIP 10000 |
| | | Country Croatia | |
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | <i>Date</i> | | |
| Residence: City | | State | Country |
| | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | ZIP |
| | | Country | |
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | <i>Date</i> | | |
| Residence: City | | State | Country |
| | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | ZIP |
| | | Country | |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 6

| | | | | |
|---|------------------------|---|-----------------------------------|-----------------|
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Tomislav | | Uzelac | | |
| Inventor's Signature | <i>Tomislav Uzelac</i> | | Date <i>December 1st 2001</i> | |
| Residence: City | Zagreb | State | Country | Croatia |
| Citizenship Croatia | | | | |
| Mailing Address: Grada Vukovara 237a | | | | |
| Mailing Address: | | | | |
| City | Zagreb | State | ZIP 10000 | Country Croatia |
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Inventor's Signature | | | Date | |
| Residence: City | | State | Country | Citizenship |
| Mailing Address: | | | | |
| Mailing Address: | | | | |
| City | | State | ZIP | Country |
| Name of Additional Joint Inventor, If any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Inventor's Signature | | | Date | |
| Residence: City | | State | Country | Citizenship |
| Mailing Address: | | | | |
| Mailing Address: | | | | |
| City | | State | ZIP | Country |

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Runje |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PM3 |

I hereby appoint:

Practitioners at Customer Number →

OR

Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
| Norton R. Townsley | 33,608 |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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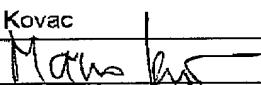
| | | | | | |
|--|----------------------|-----|--------------|----|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Norton R. Townsley | | | | |
| Address | 100 Corporate Pointe | | | | |
| Address | Suite 330 | | | | |
| City | Culver City | | State | CA | Zip 90230 |
| Country | USA | | | | |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-32 | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Mario Kovac |
| Signature |  |
| Date | 1.12.2000 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)

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|------------------------|-------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Runje |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PM3 |

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here**OR** Practitioner(s) named below:

| Name | Registration Number |
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| Norton R. Townsley | 33,608 |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The above-mentioned Customer Number.**OR**

| | | | | |
|--|----------------------|-------|--------------|-----|
| <input checked="" type="checkbox"/> Firm or Individual Name | Norton R. Townsley | | | |
| Address | 100 Corporate Pointe | | | |
| Address | Suite 330 | | | |
| City | Culver City | State | CA | Zip |
| Country | USA | | | |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-32 | |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | |
|-----------|--------------------|--|
| Name | Davor Runje | |
| Signature | <i>Davor Runje</i> | |
| Date | DECEMBER 01, 2000. | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 5 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
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| Application Number | |
| Filing Date | |
| First Named Inventor | Runje |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PM3 |

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
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| | | | | | |
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| <input checked="" type="checkbox"/> Firm or Individual Name | Norton R. Townsley | | | | |
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| Address | Suite 330 | | | | |
| City | Culver City | State | CA | Zip | 90230 |
| Country | USA | | | | |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-32 | | |

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | |
|-----------|---|--|
| Name | Brian D. Litman | |
| Signature |  | |
| Date | 11.30.00 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

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| Application Number | |
| Filing Date | |
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| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PM3 |

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

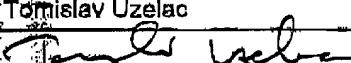
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| Address | Suite 330 | | | |
| City | Culver City | State | CA | Zip |
| Country | USA | | | 90230 |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-32 | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

| | | |
|-----------|---|--|
| Name | Tomislav Uzelac | |
| Signature |  | |
| Date | DECEMBER 1 st , 2000. | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (10-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Runje |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PM3 |

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

| Name | Registration Number |
|------------------------|---------------------|
| Mr. Norton R. Townsley | 33,608 |
| | |
| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

| | | | |
|--|----------------------|-------|--------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Norton R. Townsley | | |
| Address | 100 Corporate Pointe | | |
| Address | Suite 330 | | |
| City | Culver City | State | CA |
| Country | USA | Zip | 90230 |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-32 |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Josko Orsulic |
| Signature |  |
| Date | 12/01/2000 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.